

HC-One Limited

Primrose House Nursing Home







Inspection report

72,Crewe Road,
Haslington
Crewe
CW1 5QZ
Tel: 01270250110

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Ratings

Overall rating for this service	Good	
Is the service safe?	Good	
Is the service effective?	Good	
Is the service caring?	Good	
Is the service responsive?	Good	
Is the service well-led?	Good	

Overall summary

This inspection took place on 19 February 2015 and was unannounced.

Primrose House Nursing Home is part of HC-One Limited. They are registered to provide accommodation, nursing care and support for people who require help with their daily lives, particularly for people who may be living with

dementia. The single storey building can accommodate up to 42 people. The home is located in the village of Haslington and is close to shops and other local amenities.

Primrose House Nursing Home has a registered manager who has been managing the home for over three years. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our last inspection in December 2013 the service was meeting most of the regulations inspected. However we asked the provider to take action to make improvements in respect of how people were able to consent to care and treatment. Following the inspection the registered manager sent us an action plan explaining how consent to care would be met and by when.

During this inspection we found that all of the issues had been addressed.

People living at the home, relatives and staff were very positive about the home especially about the activities on offer and the management of the service.

We observed how staff spoke and interacted with people and found that they were supported with dignity and respect.

We found the staff had a good understanding of peoples care and support needs and we found care plans to be detailed and focused on the individual person. Staff had a good understanding and knowledge of each person's

preferences and people's individual care needs. Staff also understood how to support people if they lacked capacity to include the requirements of the Deprivation of Liberty Safeguards

We noted the service had a complaints procedure, details of which were displayed in the foyer of the premises and people said they were confident that they could raise their opinions and discuss any issues with the registered manager or any staff member who was available.

Primrose House had robust recruitment policies and procedures in place to ensure staff were suitable to work with vulnerable people. This included standardised application forms, the provision of written references and a structured interview process being undertaken to enable the management of the home to have adequate information before employing staff.

Staff were provided with three monthly structured supervision sessions and regular updated training and development courses to assist them to build on their knowledge and skills.

The provider had systems in place to monitor and review the standards of the services provided at Primrose House. These included a self -assessment tool that looked at the safety, management, residents well -being, environment and nutrition.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People said that staff were kind and competent and told us that staff provision was plentiful and staff looked after them well. During our inspection we found no issues effecting care needs.

A thorough recruitment procedure was in place and all the current staff of the home were well trained and provided in sufficient numbers and skill mix to keep people safe.

Staff understood the systems in place if they had any concerns in relation to managing safeguarding and keeping people safe.

Risk assessments were reviewed monthly and contained information about medication, dietary needs, nutritional requirements, falls and how people could be safely moved around the home when in need of the use of mobile hoists. This ensured that any risks were identified and managed so as to keep people safe.

Medication was well managed and stored safely within the home.

Good



Is the service effective?

The service was effective

We found staff were well trained and knowledgeable in their understanding of supporting people when they lacked capacity to make informed decisions. The staff understood the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Staff felt supported and received regular formal supervision to assist them in their job roles and in their personal development.

People's nutritional needs were met. Dietary needs and nutritional requirements were recorded and the menus offered variety and choice and provided a well-balanced diet for people living in the home.

People's health needs were managed by staff who co-ordinated appointments and visits across a range of visits from healthcare professionals, such as GPs, hospital visits and care managers.

Good



Is the service caring?

The service was caring.

Managers and staff were committed to providing a service based on people's choices and preferences. Kindness, respect, compassion and dignity were key principles on which the service was built and they were reflected in the day-to-day practice.

People who used the service valued the relationships they had with care staff and expressed great satisfaction with the care they received. People felt care staff always treated them with kindness and respect and often went above and beyond their roles.

Staff felt they were supported to enable them to provide quality care and were given the opportunity to build meaningful relationships with people who lived in the home and involve them in all aspects of their daily life

Good



Summary of findings

Is the service responsive?

The service was responsive.

Changes in people's needs were quickly recognised and appropriate action immediately taken, including the involvement of external professionals where necessary. This meant that people received safe and responsive care.

Staff members responded to people in a well-mannered patient way and supported them in line with their individual needs.

The activities co-ordinator played an active part in the community for the purpose of seeking additional resources for people who lived in the home and used innovative ideas and resources to ensure people's activities were tailored to their individual needs.

Good



Is the service well-led?

The service was well led.

There was strong emphasis on continual improvement for both the staff and the services provided. To this aim, strong and positive links had been established with external professionals who had involvement with people who lived in the home.

There were effective systems to assure quality and identify any potential improvements to the service. This meant people benefited from a constantly improving service.

Staff told us the manager led by example.

Good



Primrose House Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 19 February 2015 and was unannounced. The inspection team consisted of two adult social care inspectors. During the visit we met with a variety of people and spoke with some relatives including: 30 people living at the home; 11 relatives/visitors; one social worker; a GP, a podiatrist; 10 staff on duty and the registered manager. We spoke with people throughout the home and observed how support was provided to people during the day.

We used a number of different methods to help us understand the experiences of people who live at the

home. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of service users who could not talk with us.

We looked at a sample of documentation such as: Six staff files showing supervision and training; staff recruitment ; medication records; menus; complaint records; activity lists; minutes of meetings; risk assessments; quality assurance audits; policies and procedures and maintenance records. We looked at a total of six care plans for people that live at the home.

Before our inspection the service provided us with a provider information return (PIR) which allowed us to prepare for the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We looked at any notifications received and reviewed any other information we held prior to visiting.

We also invited the local authority safeguarding, quality assurance and commissioning functions to provide us with any information they held about the home.

Is the service safe?

Our findings

We spoke with 10 relatives of the people who lived in the home and they said that they were confident that people were safe and happy there. They told us that staff always wore clean protective uniforms and engaged appropriately with people and ensured that they were treated with dignity and respect.

We looked at the staff duty rotas and found that there was a mixture of care staff, domestic, administration and activity staff on duty. People living at the home and visitors said they were happy with the staff and their conduct and attitudes towards them, they made comments saying:

“I come here when I can – usually at different times but staffing levels are always good and my relative is always well cared for” and “Most of the people who live here can’t speak for themselves but staff respect them and look after their human rights.”

We saw that the service had a safeguarding procedure in place. This was designed to ensure that any possible problems that arose were dealt with openly and people were protected from possible harm. The registered manager confirmed that she was aware of the relevant process to follow. They would report any concerns to the local authority and to the Care Quality Commission (CQC). Registered services are required to notify the CQC and the local authority of any safeguarding incidents that arise. We checked our records and saw that CQC had been notified of one safeguarding incident since the previous inspection took place. Records showed that this had been addressed by the registered manager in accordance with the organisational policy with meetings and discussion being undertaken with all relevant people. The outcome of the investigation was that no safeguarding issues could be proven.

Staff members confirmed that they had received training in protecting vulnerable adults and that this was updated on a regular basis. The staff members we spoke with told us they understood the process they would follow if a safeguarding incident occurred and they were aware of their responsibilities in protecting people. They were also familiar with the term ‘whistle blowing’ and identified that they understood this process and would report any concerns regarding poor practice they had to the registered

manager. This showed that they were aware of their roles and responsibilities regarding the protection of vulnerable adults and the need to accurately record and report potential incidents of abuse.

Risk assessments were carried out and kept under review so the staff and the people who lived in the home were safeguarded from unnecessary hazards. We could see that full risk assessments had been undertaken. Discussions with staff showed that they were aware of their responsibilities to keep people safe and to identify and take any necessary actions to reduce risks. This included individual risk assessments for areas such as moving and handling; people being at risk of falls; nutritional risks and bed rail assessments. Care files generally showed good evidence of a range of risk assessments and tools used to help keep people safe and comfortable at the home. These assessments were clear and up to date and helped to minimise the risks to people living in the home. We saw that regular checks were carried out to help ensure that a safe environment was available to everyone.

We looked at a sample of four staff files to check that the appropriate checks had been carried out before they were employed to work at Primrose House. Personnel files were well organised and we found that the appropriate checks had been made to ensure that staff were suitable to work with vulnerable adults. Checks had been completed by the Disclosure and Barring Service (DBS). These checks aim to help employers make safer recruitment decisions and may prevent unsuitable people from working with vulnerable groups. We saw from these files that potential employees had to complete an application form from which their employment history could be checked. References had been taken up in order to help verify this. Each file held a photograph of the employee as well as suitable proof of identity. There was also confirmation that the employee had completed a suitable induction programme when they had started work at the home.

We looked at a sample of medication records including those relating to the storage of medicines and checks on the management of medications for the month of January 2015. Medicines were stored safely and managed appropriately to ensure that people living at the home received their medications in a safe and effective manner. We observed staff safely storing medicines in a locked clinic room and noted the room was kept clean and tidy and free from hazards. Records show that ambient room

Is the service safe?

temperatures in the treatment room were recorded daily. Staff were knowledgeable with regard to the management of medications and they were conversant with the homes policies and procedures to help them maintain good practices in managing medicines.

The provider had developed detailed medication audits which regularly checked on all aspects of supporting people living at the home with their medicines which offered further reassurance of safe practices. Records show that currently nobody living in the home self-medicated. However, staff spoken with were able to demonstrate what would be needed if people asked to administer their own

medication. This would include a medication care plan being in place, a self-administration agreement and risk assessment being drawn up to ensure people had the capacity to safely administer their own medication. Records showed that all staff who were involved with the management and administration of medicine had undertaken relevant training. A full competency assessment was undertaken when the training was completed to make sure that staff fully understood all aspects of medicines management prior to undertaking their role.

Is the service effective?

Our findings

People we spoke with told us they liked the way the service was delivered and how the staff cared for them. They felt their needs were being met by staff. Comments included; “I think the staff are very clever as they know what we want before we do” and “Staff are good at what they do and make our lives better”.

People also told us that the food was good and they had plenty of choice and alternatives were available if requested. People made positive comments such as: “The food is good, it was very nice today and if you want more, or something else you can have it” and “If I visit at mealtimes, I see staff helping people who cannot feed themselves- staff are very patient”.

We carried out a Short Observational Framework for Inspection (SOFI) and found positive interactions between staff and people living at the home. However during observations of a lunchtime dining experience we noted that there appeared to be very little structure or routine. Most of the people who lived in the home had chosen to eat in the dining room at the same time and it presented as being overcrowded. We observed staff although rushed were respectfully supporting various people to sit in the dining room in preparation for their meal. Staff were very patient and calm in explaining and reminding people what food was being served. We observed that the food looked appetising and appealing and well presented. Where necessary staff checked frequently that people were managing to eat their food and offered appropriate support when needed. Additional drinks were offered throughout the day.

However although the dining area was pleasant and welcoming with small tables attractively laid out it appeared to have insufficient space to comfortably accommodate the people who lived in the home if they all chose to eat at the same time. Discussions with the registered manager identified that it was unusual for all the people who lived in the home to use the dining room at the same time. She told us that mealtimes were flexible and some people chose to eat their meals either in their rooms or in other places within the home. However she acknowledged that staff had found it difficult to manage on this occasion although it was noted that people using the dining room presented as being happy and content in their

surroundings. She advised that other accommodation was available for use as a dining area and she would discuss this with people who lived in the home and their relatives to gain their opinions.

Five people living at the home told us they liked to have their breakfast in their bedroom but they liked to come to the dining room for all other meals but they also said they could choose where to have a meal as they were always offered a lot of choices. Two relatives told us that the dining room space was usually fine and one told us laughingly; “It’s your fault that everyone wants to be in the dining room together today as they don’t want to miss anything”.

The catering staff had already identified various special diets for some people who needed these and ensured they were catered for at each meal. These included soft diets, nut allergies and meals for people who were diabetic. Staff demonstrated a good awareness of people's differing dietary needs. The catering team had developed their own initiatives to help them organise meals, catering for everyone’s likes, dislikes and special diets. They had pictures of those people who had specific needs and requests which they displayed in the kitchen which helped them to organise their meals and cater for different requests and choices. The menus demonstrated that people had a variety of choices to pick from for each meal.

We looked at care plans and noted that all the people living in the home had been assessed with regard to their eating and drinking needs. Records showed that these were evaluated monthly or more frequently if required. Staff told us that all dietary notifications were sent to the kitchen and a copy placed in peoples individual care files to ensure individual dietary needs were met.

We saw that appropriate communication and systems were in place between catering staff and care staff to enable people to be supported to eat and drink sufficient amounts to meet their needs. A malnutrition universal screening tool (MUST) assessment was also undertaken monthly or more frequently if a person’s needs determined this. Weights were recorded on a chart and the home management team supported staff to ensure that appropriate intervention was offered to people living in the home to optimise nutritional support. These included supplementary charts where there was weight loss.

Staff spoken with showed a good knowledge of textured diets and the different stages of thickened fluids. On the

Is the service effective?

day of the inspection staff were able to state the consistency of Stage 1 and Stage 2 fluids accurately and were able to discuss the needs of people who required specialist/textured diets and thickening fluids. This enabled them to assess and support people to ensure their nutritional needs were met.

We looked at policies that were in place for staff to follow in relation to the Mental Capacity

Act 2005, the Deprivation of Liberty Safeguards (DoLS) and consent to care and treatment. These records provided information to support staff about the procedures they should follow when a person was unable to make certain decisions for themselves. The registered manager told us that she had applied for DoLS for all the people who use the service. At the time of the visit three people were on DoLS authorisations. We found there was an organised process in place to record any restrictions in the best interests of people living at Primrose House. Staff were knowledgeable in regard to these procedures and were able to recognise when the DoLS were necessary to safeguard people's rights.

We found staff had acted in accordance with the requirements of the Mental Capacity Act 2005 in order to ensure each person's rights were protected and that they received appropriate care and support to meet their needs. However we noted that the information stored on file could have been better structured to make it easier to find the relevant documentation relating to 'Best Interest Meetings' and recording the involvement of the next of kin's contribution to the decisions being made. In one care file there was documentation to indicate a best interest meeting and a mental capacity assessment had been completed. However although references had been made to relatives input, this was not evidenced in the recording detail. After much searching we found the relevant documents and this reinforced that the files needed to be restructured to ensure all need to know information was stored appropriately. Documentation should show clear processes and pathways that can support the decisions made.

During our visit we saw that staff members took time to ensure that they were fully engaged with the individual and checked that they had understood before carrying out any tasks with the people using the service. They explained what they needed or intended to do and asked if that was alright rather than assume consent. We observed staff

members supporting people throughout the day and observed that they took their time and did not rush the person. All contact was carried out in a dignified and respectful way.

Visits from other health care professionals, such as GPs and district nurses were recorded so staff members would know when these visits had taken place and why. One person we spoke with told us, "I get a visit from a doctor or nurse if I am unwell, the staff call them out for me." Discussion with a visiting GP confirmed that they were regularly called out to the home for 'the right reasons'.

The provider had their own induction training programme that was designed to ensure any new staff members had the skills they needed to do their jobs effectively and competently. We looked at the induction record used for three newly appointed staff members and could see that it was based upon the Skills for Care Common Induction Standards, a nationally recognised and accredited system for inducting new care staff. In addition to the above new staff members completed an 'in house' induction that provided basic information such as the location of fire exits and the procedures to follow if there was an incident. Following this initial induction and when the person actually started to work they would shadow existing staff members and would not be allowed to work unsupervised for a period. Shadowing is where a new staff member works alongside either a senior or experienced staff member until they are confident enough to work on their own.

We asked staff members about training and they all confirmed that they received regular training throughout the year, they also said that their training was up to date. We subsequently checked the staff training records and saw that staff had undertaken a range of training relevant to their role. This included fire safety, safeguarding, moving and handling, health and safety, understanding dementia, equality and diversity training, hand hygiene and infection control. The provider used computer 'eLearning for some of the training and staff were expected to undertake this when required. The staff member's competency was assessed through the supervision system and through the auditing of records such as medication and care plans. Staff members we spoke with told us that they were provided with lots of training and support.

We checked records which confirmed that supervision sessions for each member of staff had been held regularly since the previous inspection visit had taken place.

Is the service effective?

Supervision is a regular meeting between an employee and their line manager to discuss any issues that may affect the staff member; this may include a discussion of the training undertaken, whether it had been effective and if the staff member had any on-going training needs. Records showed that staff received support to undertake relevant training to ensure they are effective in their role. Staff told us that this was further enhanced by a staff supervision system in which staff were asked to raise any issues they may have with regard to their training and on-going personal development.

A tour of the premises was undertaken; this included all communal areas including lounge and dining areas plus and with consent a number of bedrooms. The home was well maintained and provided an environment that could meet the needs of the people that were living there. The home provided adaptations for use by people who needed additional assistance. These included bath and toilet aids, hoists, grab rails and other aids to help maintain independence. The home had signage to assist people who were living with dementia in their orientation around the premises.

Is the service caring?

Our findings

People told us that they were happy and well cared for by 'staff who really cared about them'.

People said that staff supported them regarding how they wished to spend their time such as where they wished to sit, what they wanted to do and what time they wanted to go to bed.

It was clear from the interactions between staff and people who lived in the home that staff were aware of people's need for privacy and dignity. It was observed that any personal care was undertaken in privacy and staff were seen to refer to people by their preferred name and ask them what they wanted, rather than assume their needs. This demonstrated respect and dignity for the people they supported. Staff knocked on people's doors before entering and we noted that all engagement between staff and people who lived in the home was undertaken in a kind and courteous manner.

Staff supported people and their families with care and compassion. For example we observed three people who live with dementia becoming anxious and disorientated. The staff immediately responded in a calming and soothing manner and used diversion therapy such as one to one support and interaction to alleviate people's distress.

We noted that some people who used the service required support to express their views and preferences. Staff told us there was an effective system in place to request the support of an advocate to represent their views and wishes. Records in care plans confirmed this. This demonstrated that people who lived in the home were supported to express their views and wherever possible to be actively involved in making informed decisions about their care.

At the time of our inspection end of life care plans were in place for one person who lived in the home. Staff showed us the processes and resources available to individuals who required this specialist care. There were regular assessment and reviews by nursing and medical staff and individual care plans which would outline the end of life preferences of the person and their family.

Visitors were able to visit whenever they wished and to spend time either privately in their relatives own room or in the communal areas as they chose. It was evident from speaking to people living at the home, relatives and also from the observations on the day that staff at Primrose House encouraged visitors to visit at any time.

We saw that the people living at the service looked clean and well-presented and were dressed appropriately for the weather on the day. A relative who was visiting the home told us that the people who lived in the home always looked well cared for. They commented that "People are always clean, smart and well dressed. I come here most days and everyone looks good and well cared for".

The quality of the décor, furnishings and fittings provide people with a homely and comfortable environment to live in. The bedrooms we looked at during the visit were personalised, comfortable, well- furnished and contained items of furniture belonging to the individual. One person told us, "I have settled in well and have my photographs and a few bits and pieces from my past. I am fine here now thanks".

The provider had developed a range of information, including a service user guide for the people living in the home. This gave people detailed information on such topics as medicine arrangements, telephones, meals, complaints and the services provided. Information about advocacy services were also available to ensure that people who could not express their own views were fully supported to have their say.

We saw that personal information about people was stored securely which meant that they could be sure that information about them was kept confidentially.

Records show that the home has received 18 recommendations in the last 12 months via a care home website in respect of the quality of care and support provided.

Is the service responsive?

Our findings

People told us that they were involved with their care and given opportunities to complain if they were unhappy with the staff or services provided. Comments include, "If I call anyone or ring the bell someone comes in, normally right away" and "Since I have been here I have never complained about anything because everything has been good- but if I did have a problem I would talk to one of the staff".

We saw evidence that the provider regularly sought feedback from the people who lived in the home and their representatives about the care provided. Feedback from the last satisfaction survey in 2014 showed that everyone who had completed the survey rated the service as good.

Staff told us that if a person showed interest in coming to live at the home a brochure was sent out giving them full details about the staff and services provided. They were also invited to visit the home prior to any decisions being made about their future. If a person then wished to move in a full pre assessment of their needs was undertaken to ensure the home could provide all the care needed. Discussions with staff identified that a full assessment of need had been carried out for all the people who lived at Primrose House. Staff had clear knowledge and understanding of people's choices preferences and wishes and care plans viewed show that all people's choices, likes and dislikes were documented and acted upon. These included choice as to who provided personal care and choosing their clothes and getting dressed. This helped to promote independence.

The registered provider had a formal complaints policy and processes were in place to record any complaints in accordance with the provider's own procedure and were dealt with in a timely way. Staff talked us through what they would do if an individual wanted to raise a formal complaint. Relatives and people we spoke with during the inspection told us they knew how to complain and would happily speak to the manager if they needed to. Three complaints had been recorded in the complaints book and they had been addressed by the registered manager in accordance with the organisations policy and procedures.

The staff used an admission checklist to make sure that admissions were coordinated, individualised and focused on the current need of the person. We saw that staff shared important information with other professionals about

people when they were being admitted to the home or transferred to hospital to make sure their care was coordinated. Comments from a visiting GP identified that the service was responsive to people's changing needs. They told us that staff shared need to know information with other professionals to ensure effective care was provided which was responsive to changing need. Comments included "This home provides excellent quality care and would 'pass the mum test', which means it provides kind, considerate, responsive services".

Staff worked with people who lived in the home and their relatives to establish effective methods of communication so that individuals could be involved wherever possible in their care and treatment. Each person had a plan that was personal to them. These plans were used to guide staff on how to involve people in their care and provide the care they need. For example if a person who lived with dementia could not verbally communicate, other communication methods were used. These included verbal and non-verbal methods including pictorial cards. They were used to guide staff on how to involve each person with their care plan and provide the care and support they needed and requested. All of the plans we looked at held sufficient detail to enable the person reading it to provide care appropriate to the wishes, choices and capabilities of each individual. The plans were reviewed regularly so staff knew what changes, if any, had been made, especially when the GP or visiting professional had visited. Staff used recognised tools for people at risk of: pressure sores developing, risk of falls, nutritional status etc. Assessment tools were completed on a regular basis by staff to help provide the most appropriate updated guidance and care for each person living at the home.

The home employed an activity co-ordinator who showed a dedication and passion for providing high quality social activity. This member of staff enthusiastically described the support that was going to be provided to people on the day of the inspection based around their preferences. The co-ordinator showed an excellent knowledge of the people we asked about, for example offering detailed information on people's likes and dislikes, and musical preferences. We observed an activity event and noted the co-ordinator knew where each person had lived prior to them being admitted to the home and had ordered local newspapers of their areas, had collected them from the newsagents and had given them to the people within the activity group. These local newspapers were from all the areas where

Is the service responsive?

people had previously lived. One person had a great interest in horse racing and he was provided with a copy of the racing news, whilst another loved looking at house property and so an estate agent's paper was provided.

People were seen to be very contented looking at their various papers. The co-ordinator used a chalk board to record various news events of the day and this also produced discussions and interests for the group. One person had been a dance teacher prior to her moving into the home and she told us that she missed her dancing and had told the co-ordinator of this. The co-ordinator asked this person to teach him to dance, which she did and we observed them doing a Latin American jive during our visit. This person told us that this had enhanced her life. Other

innovative actions undertaken by the co-ordinator included persuading a local supermarket to provide the home with lots of flowers which were near their sell by date so as to enable people to make flower arrangements and bouquets for their families. The co-ordinator arranged visits to local stables to enable people who were interested in horses to enjoy seeing them and where possible have some input into their care. Other activities included taking people out on trips of their choice and arranging musical events to suit every taste. People told us "nothing is too much trouble for him. He seems to know just what will make us happy and goes out of his way to make it happen. He is an outstanding young person".

Is the service well-led?

Our findings

People told us that the service was well managed and that staff knew what they were doing.

Primrose House has a registered manager who was able to provide all documentation requested at the time of the inspection. There was a residents' guide and statement of purpose available in the reception area which held clear details of the staff and service provided. People told us that this assisted them to get to know the home and how it was managed.

Records showed that staff received support to undertake relevant training to ensure they are effective in their role. This was further enhanced by a staff supervision system in which staff were asked to raise any issues they may have with regard to their training and on-going personal development.

Staff told us that the registered manager is most approachable and 'leads by example'. They said that she was always ready to listen, would work on the floor if required and reviewed and updated policies and procedures in the very best interest of the people who lived in the home.

Guidance and systems had been developed by the provider to ensure key areas of the service provision were continually assessed and monitored. Information about the safety and quality of service provided was gathered on a continuous and ongoing basis from feedback from the people who used the service and their representatives, including their relatives and friends, where appropriate. Primrose House had a variety of quality assurance systems available to assess the quality of the service it was providing. In order to gather feedback about the service being provided HC-One used a separate company to undertake surveys on their behalf. The registered manager showed us the format of this survey which was based around four key areas; staff and care, home comforts, choice and having a say and quality of life. The registered manager told us that information about the safety and quality of service provided was gathered on a continuous and on-going basis via feedback from the people who used the service and their representatives, including their relatives and friends, where appropriate. They 'walked the floor' in order to check that the home was running smoothly and that people were being cared for properly.

The company also undertook its own quality assessments on a regular basis and we saw that recent visits had looked at the quality of dementia care being provided. This enabled the provider to reassess the layout of the home and provide staff with more training to maximise the services provided for people living with dementia.

Records showed that the registered manager held meetings and consultations with other professionals who were involved with people who lived in Primrose House. She said this ensured that all parties worked in a multi-disciplinary way to ensure the best possible care and support was provided to each person living in the home.

HC-One has a corporate management system within its homes. This is called Cornerstones. It is a combination of practical tools such as, a manager's daily diary, guidance and corporate documentation. The manager's diary contained eight core daily activities that they needed to carry out. These were; walk abouts, activities and life in the home, daily briefing for staff, enhancing the meal service, welcoming prospective new residents, care plan audits, supporting and developing the staff team and effective management systems. The completion of the diary provided an ongoing account of life within the home that could be audited as part of the company's internal quality assurance system. Records show that the audit tool had been modified in line with CQC inspection process and is now named the Care Home Self-Assessment tool. We looked at the outcome of the audit dated November and noted it had a high grading for the management section. Other elements of Cornerstones was the ongoing monitoring of the systems used; this included audits on care plans, medication, any accidents or incidents, hospital admissions, infection control and the kitchen. We saw evidence of this system in use during our visit when we looked at a sample of audits that had been undertaken. These included audits on medication, care plans and monthly weights. The quality assurance manager from the company also visited the service and spoke to the people living there on a regular basis. This helped to ensure any issues were identified and addressed quickly.

The registered manager told us that resident and relatives meetings were held monthly but they were not well attended. We noted that a meeting had been arranged for the day of our inspection. This was advertised on the notice board in the main area of the home. We were told that only one person had arrived to attend the meeting. Discussion

Is the service well-led?

with this person evidenced that monthly meetings were arranged but poorly attended. However we were told that the registered manager had an open door policy and was always available to 'chat with'. Periodic monitoring of the standard of care provided to people funded via the local

authority was also undertaken by the local authority contract monitoring team. This was an external monitoring process to ensure the service met its contractual obligations to the council. We were not made aware of any current issues of concern being raised.